

*Fee Only*

IFIN

Atty. Docket No.: 30682-2/P02

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:)
Barry CHEN et al.)
Serial No.: 10/657,061) Art Unit: 2873
Filed: September 5, 2003) Examiner: STULTZ, Jessica
For: HYBRID CONTACT LENS) Confirmation No.: 9098
SYSTEM AND METHOD)
)

San Diego, California
October 28, 2004

Mail Stop: AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

RESPONSE TO RESTRICTION REQUIREMENT AND PRELIMINARY**AMENDMENT**

In response to the Office Action dated October 13, 2004, for the above-identified patent application, Applicants respond as set forth below. In addition, Applicants submit herewith an amendment of claims 1 and 11 and new claims 44-61 corresponding to the elected species (Species I).

CERTIFICATE OF MAILING

I hereby certify that this correspondence and anything being referred to as enclosed herein is being deposited with the United States Postal Service via First Class Mail with sufficient postage in an envelope addressed to Mail Stop: Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on this 28th day of October, 2004.

Signature:

Leigh A. Coleman

10/28/2004 10:22:00 AM 10/28/2004 10:22:00 AM

PATENT APPLICATION FEE DETERMINATION RECORD
Effective January 1, 2003

Application or Docket Number

10/657061

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS	43	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	43 minus 20 =	23
INDEPENDENT CLAIMS	7 minus 3 =	4
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY
TYPE

OTHER THAN
OR SMALL ENTITY

RATE	FEES	RATE	FEES
BASIC FEE	375.00	OR BASIC FEE	750.00
X\$ 9=	35.7	OR X\$18=	
X42=	116	OR X84=	
+140=		OR +280=	
TOTAL	117	OR TOTAL	

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT #	CLAIMS REMAINING AFTER AMENDMENT	MINUS	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	OTHER THAN SMALL ENTITY	
					RATE	ADDI- TIONAL FEE
Total	43	Minus	43	=		
Independent	7	Minus	7	=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						

OTHER THAN
SMALL ENTITY OR SMALL ENTITY

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR X\$18=	
X42=		OR X84=	
+140=		OR +280=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

(Column 1) (Column 2) (Column 3)

AMENDMENT #	CLAIMS REMAINING AFTER AMENDMENT	MINUS	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	OTHER THAN SMALL ENTITY	
					RATE	ADDI- TIONAL FEE
Total	61	Minus	43	= 18		
Independent	8	Minus	7	= 1		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=	162	OR X\$18=	32
X42=	44	OR X84=	
+140=		OR +280=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

(Column 1) (Column 2) (Column 3)

AMENDMENT #	CLAIMS REMAINING AFTER AMENDMENT	MINUS	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	OTHER THAN SMALL ENTITY	
					RATE	ADDI- TIONAL FEE
Total				=		
Independent				=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR X\$18=	
X42=		OR X84=	
+140=		OR +280=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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